ZES = 4) and 154 patients were referred for CABG after angiography due to higher grades of ISR (proliferative and total in 165, $p < 0.001$). Interestingly in 31 cases of DES stenting, new lesions formed alongside with DES ISR. The mean time to next ISR was 9.5 ± 3.5 months and was significantly lesser ($p < 0.01$) compared to time to first ISR irrespective of DES stent type for the first ISR.
Conclusions: ISR occurs significantly earlier in stenting in ACS situations than for SIHD. BMS usage was significantly associated with higher grades of proliferative ISR and more likely needed CABG while DES ISR was more likely to be focal. CSA was the commonest presenting complaint with ISR. Other predictors were smaller stent size (2.5 mm) and longer stent length >24 mm, male gender, complex PCI in bifurcation lesions with two-stent strategy (any technique), PCI in CTO lesions, PCI done in low EF (<35%). However, no relation of future ISR was seen with the use of same or hetero-DES after the first ISR episode among DES usage.
Limitations: Only 57% of patient follow up data was available. Also, IVUS/OCT usage was not done for patients due to lack of availability.

Rare presentation of coronary aneurysm

Rajeshwari Nayak *, Jenifer Johnson

Apollo Hospitals, Greams Road, Off Greams Lane, Chennai, India

Coronary aneurysms are rare and only few case reports are noted for giant coronary aneurysms. We recently had an asymptomatic adult male patient with a giant coronary aneurysm.
A 62 years old male patient of no cardiac symptoms and no coronary risk factors was presented. Underwent routine cardiac evaluation prior to applying for health insurance. Echo showed well defined circumscribed shadow in the right atrium. CT coronary angiogram showed multiple coronary aneurysms and a giant one arising from proximal RCA measuring 5.22 cm × 4.12 cm. After conventional coronary angiogram he underwent aneurysm ligation and SVG graft to distal RCA successfully.

Study of association of neutrophil lymphocyte ratio with prognosis in patients with acute coronary syndrome (ACS)

Sachin Rajaram Gavade *, Ganesh Patil, Ajay Mahajan, Pratap Nathani

Department of Cardiology, Lokmanya Tilak Municipal Medical College & General Hospital, Sion, Mumbai, India

Introduction: We prospectively collected data of all patients with ACS (both STEMI & NSTEMI) presenting to our Department of Cardiology from June 2014 to May 2015. Patients with any systemic infection, cancer, or any known chronic inflammatory diseases were excluded. Patients were divided into three groups according to NLR. The primary end point was all cause mortality at the end of 1 month.
Results: Total 456 patients with ACS (both STEMI & NSTEMI) were included in the study. The mortality in three groups were 5, 9, and 13% respectively in low, medium, and high NLR groups.

Baseline characteristics are shown in table.

Baseline characteristics	Low N = 152 NLR < 1.6	Medium N = 152 NLR = 1.6–2.9	High N = 152 NLR > 2.9	p value
Age (mean) (%)	62 (32–78)	60 (35–82)	68 (24–86)	0.849
Male %	72.1 (108)	73.68 (112)	75.65 (115)	0.298
Hypertension (%)	43.42 (66)	46.05 (70)	48.68 (74)	0.268
Diabetes Mellitus (%)	32.23 (49)	36.18 (55)	40.78 (62)	0.564
LVEF%	55 (30–70)	55 (25–70)	45 (25–60)	0.496
Neutrophil (100/mm^3)	4.5 (2.5–17.1)	5.6 (1.6–13.25)	6.9 (3.1–17)	<0.001
Lymphocyte (100/mm^3)	3.2 (0.72–17)	2.5 (0.4–4.93)	1.42 (0.48–4.2)	<0.001
NLR	1.4 (0.5–1.6)	2.41 (1.6–2.9)	4.1 (2.9–12.9)	<0.001

All statistical analyses were performed using the SPSS program. Quantitative variables were expressed as the median (interquartile range), and qualitative variables were expressed as percentages (%). Categorical variables were compared by chi square test. The median age of patients included in this cohort was 64 years with males consisting of over 2/3 of patients. Prevalence of patients having high NLR ratio increases as the prevalence of diabetes mellitus and hypertension increases. Patients with high NLR ratio have systolic dysfunction with consequent poor prognosis & mortality.
Conclusion: Total and differential leukocyte count are basic and inexpensive analyses in patients with ACS. NLR is an independent predictor of high risk in patients with ACS, hence it should be used in risk stratification of patients with ACS.

Glomerular filtration rate as risk predictor of short-term hospital mortality of acute coronary syndrome

Tarek Senosy *, Alaa Ibrahim, Arindam Pande, Rabin Chakrabort

Department of Cardiology, Minia University Hospital, Egypt

Introduction: Cardiovascular disease is the leading cause of death among patients with chronic kidney disease (CKD). Recent studies have confirmed that even early CKD constitutes a significant risk factor for cardiovascular events and mortality. Many trials have evaluated the prognostic value of renal impairment in acute coronary syndrome (ACS) using serum creatinine level above the normal limit as an indicator of renal impairment. From our current knowledge we know that glomerular filtration rate (GFR) is a better index of renal function. There are numerous formulae and equations for estimating the GFR, the most precise one is the Chronic Kidney Disease Epidemiology Collaboration (CKD-EPI formula).
Aims and objective: Our study was planned to determine the relationship between GFR at the time of admission and the in-hospital mortality in patients with ACS whose baseline creatinine level was within normal limits and to evaluate influence of diabetes on the same.
Methods: This study included 59 patients with ACS admitted to the CCU of Minia University Hospital in Egypt. Only ACS patients with serum creatinine level of ≤1.3 mg/dl were included. For each patients, age, sex, presence of cardiovascular risk factors such as diabetes mellitus, smoking, HTN, dyslipidemia, family history of premature CAD, and any background of IHD were collected. Hemoglobin and baseline creatinine level TLC, RBG, troponin I were determined at admission. Estimation of GFR using CKD-EPI formula and Mayo Clinic formulae were calculated. The Killip class